



PATIENT

Lenny Short

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

5 Years

WEIGHT

25 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Matthew Olcha

INVOICE

21777

DATE

3/25/23

PRESENTING CLINICAL SIGNS

History: Intermittent reduced appetite over past few weeks has now progressed to complete anorexia, occasional vomiting, diarrhea. P has lost about 20 pounds. P is on mirtazapine 15mg PO q24h. Patient given SQ fluids and cerenia and started on oral flagyl and doxycycline today.

Abnormal PE/Chem/CBC/UA Results: Azotemia and hypoalbuminemia. BAR but underweight. Normal TPR. Cortisol normal, Lepto ELISA negative. USG 1.014. UA w/ reflex UPC pending. See attached labs. BUN 92, creatinine 5.7, SDMA 68, Protein 9.3, albumin 1.7, globulin 7.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed thickened irregular cortices, some loss of corticomedullary definition and increased renal echogenicity and thickness. The right kidney measured 7.18 cm. The left kidney measured 6.39 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm.

Spleen

The **spleen** revealed subtle micronodular changes, yet normal size and contour. Caudal folding of the spleen was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Free Abdomen

The mesenteric **lymph nodes** were enlarged, irregular and hypoechoic, measuring. Up to 3.0 cm.

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ULTRASONOGRAPHIC FINDINGS

- Thickened irregular cortices, glomerulonephrosis pattern
- Reactive spleen or potential early infiltrative disease
- Mesenteric abdominal lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal and splenic and lymph node FNA are indicated in this patient. Multiple myeloma is possible, or other round cell neoplasia vs glomerulonephrosis and underlying infectious agents. Prognosis is very guarded.

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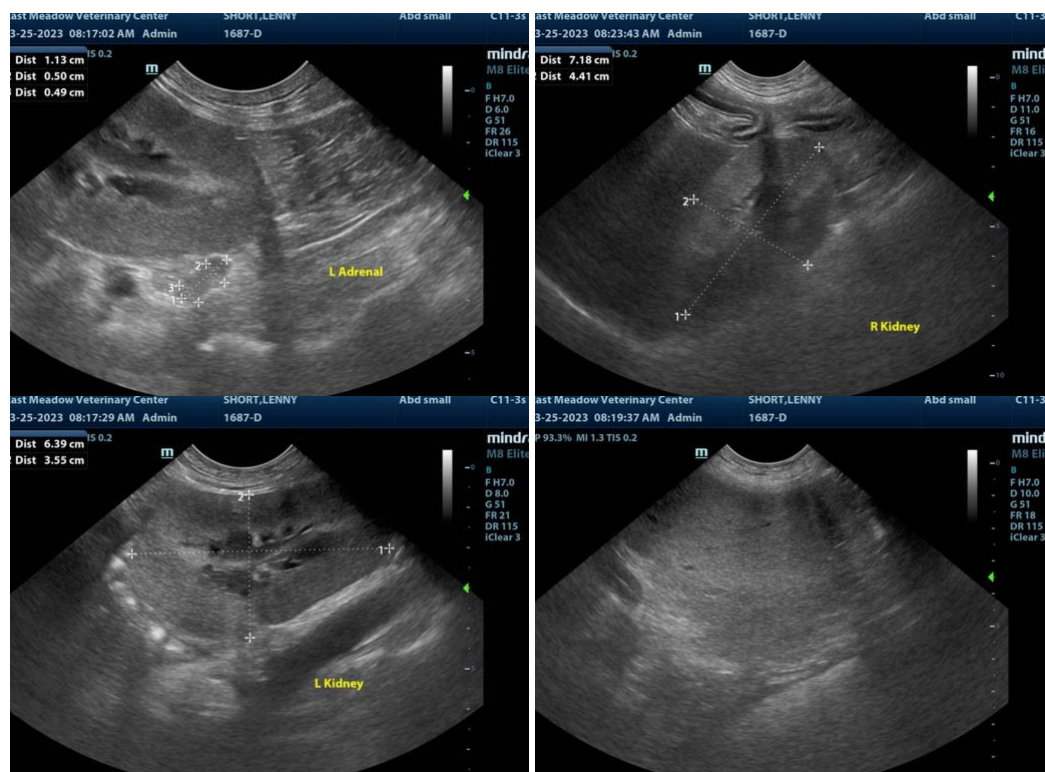
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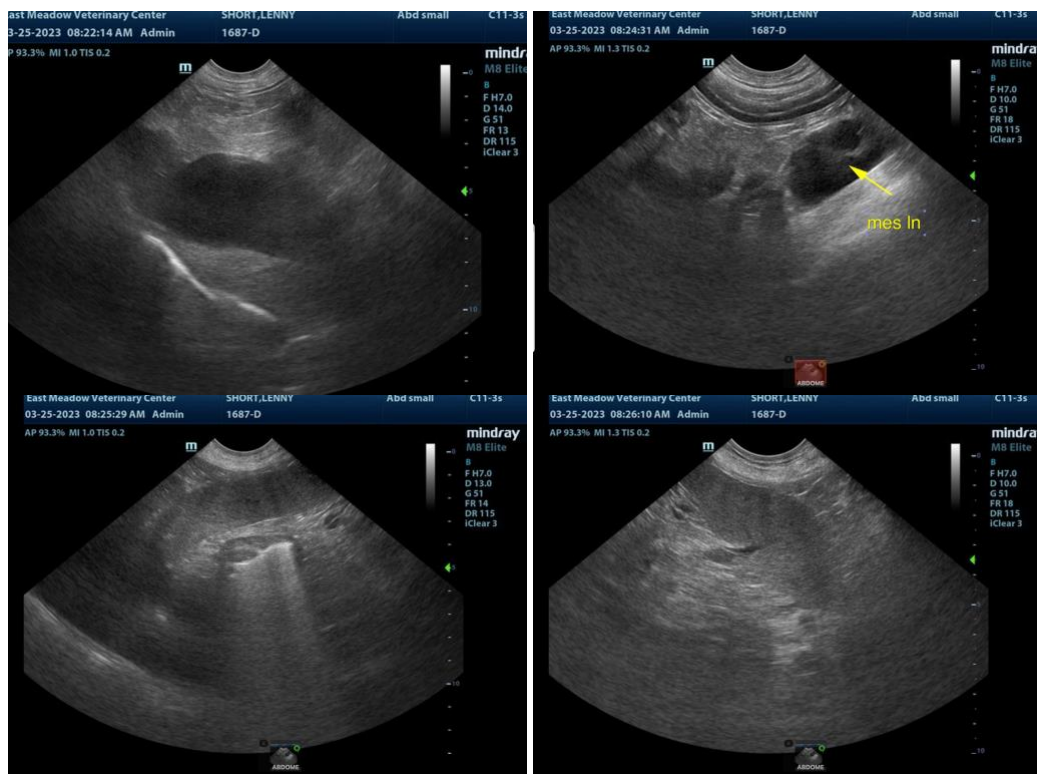
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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